

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214527837			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: GEORGE C. MARSHALL INTERNATIONAL CENTER, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: GORHAM S. CLARK 108-E SOUTH STREET, S.E. LEESBURG, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LOUDOUN COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 4/30/2014</p> <p>SCC ID NO: 03380276</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 312 EAST MARKET STREET, SUITE C</p> <p style="text-align: center;">CITY/ST/ZIP: LEESBURG, VA 20176</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: GORHAM S CLARK TITLE: PRESIDENT ADDRESS: 41155 TROTTER LANE CITY/ST/ZIP/CO: PAEONIAN SPRINGS, VA 20129 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: GORHAM S CLARK TITLE: PRESIDENT ADDRESS: 41155 TROTTER LANE CITY/ST/ZIP/CO: PAEONIAN SPRINGS, VA 20129	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EEDA DENNIS DIRECTOR 312 EAST MARKET STREET, SUITE C LEESBURG, VA 20176	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD B. HATRICK, III DIRECTOR 312 EAST MARKET STREET, SUITE C LEESBURG, VA 20176	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HELGA HAUB DIRECTOR HASENGARTENSTRASSE 25 Wiesbaden, 65189, DE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOE MAY DIRECTOR 40354 FOXFIELD LANE LEESBURG, VA 20175	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT E. SEVILA DIRECTOR 312 EAST MARKET STREET, SUITE C LEESBURG, VA 20176	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ED WETHERELL DIRECTOR 28 WEST MARKET STREET LEESBURG, VA 20176	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICIA MAGEE DALY PRESIDENT 312 EAST MARKET STREET, SUITE C LEESBURG, VA 20176	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JACK O'NEILL DIRECTOR P. O. 30260 ALEXANDRIA, VA 22310	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLAIR F. GILL DIRECTOR 739 RIDGE DRIVE McLEAN, VA 22101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ PATRICIA MAGEE DALY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		PATRICIA MAGEE DALY, PRESIDENT PRINTED NAME AND CORPORATE TITLE	
		5/29/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			